

**CLIENT DATA SHEET**

(Please Print Clearly. Use additional sheets as needed)

**CLIENT INFORMATION:**

Client's Name: \_\_\_\_\_  
(Full Legal Name)

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Citizen (Y/N)

Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Full Legal Name)

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Citizen (Y/N)

Client(s) Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: (Required) \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hm. Phone ( ) \_\_\_\_\_ C-Wk Phone ( ) \_\_\_\_\_ S-Wk ( ) \_\_\_\_\_

**CHILDREN'S NAMES:**

	Date of Birth	This Marriage?	Client's Child	Spouse's Child
1. _____ (Address and phone number, if other than yours) _____ _____	_____	_____	_____	_____
2. _____ (Address and phone number, if other than yours) _____ _____	_____	_____	_____	_____
3. _____ (Address and phone number, if other than yours) _____ _____	_____	_____	_____	_____
4. _____ (Address and phone number, if other than yours) _____ _____	_____	_____	_____	_____

GRANDCHILDREN:

Name	Age	Parent
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

SETTLOR(S) and TRUSTEE(S):

1. \_\_\_\_\_  
(Creators of the Trust, i.e., the clients)
2. \_\_\_\_\_

SUCCESSOR TRUSTEE(S):

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address and phone number, if other than yours)

2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address and phone number, if other than yours)  
(Usually client and spouse will be original Trustees, i.e., managers of the Trust)

Will all listed Successor Trustees work together as Co-Trustees? Yes \_\_\_ No \_\_\_  
If no, list in order of succession.

EXECUTORS\*: Client's Will \_\_\_\_\_ Spouse's Will \_\_\_\_\_  
Client's 2nd \_\_\_\_\_ Spouse's 2nd \_\_\_\_\_  
Client's 3rd \_\_\_\_\_ Spouse's 3<sup>rd</sup> \_\_\_\_\_  
(\*The clients will usually be the first Executor/Personal Representative of each other's Will)

Name and Address of Executors if Different from Trustees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FIRST ALTERNATE DURABLE POWERS OF ATTORNEY (CLIENT):  
(DO NOT list spouses since they are automatically listed as the first Attorney-in-Fact)

Health

Financial

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

SECOND ALTERNATE DURABLE POWERS OF ATTORNEY (CLIENT):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

FIRST ALTERNATE DURABLE POWERS OF ATTORNEY (SPOUSE):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

SECOND ALTERNATIVE DURABLE POWERS OF ATTORNEY (SPOUSE):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

LIFE SUPPORT AND ANATOMICAL GIFT INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GUARDIAN OF MINOR CHILDREN:

Client's Children

Spouse's Children (if different)

Guardian: \_\_\_\_\_  
Alternate: \_\_\_\_\_

Guardian: \_\_\_\_\_  
Alternate: \_\_\_\_\_

FINANCIAL INFORMATION:

You need only give a round estimate, it is not necessary to be precise. ( Please just estimate “off the top of your head,” do not do any extensive research.)

	<u>Asset</u>	<u>Estimated Value</u>
A.	Residence: Unpaid balance on mortgage \$	\$
B.	Other Real Property (land and houses) Number of pieces	\$
C.	Cash Accounts and Certificates of Deposit	\$
D.	Stocks and Bonds	\$
E.	KEOGH, IRA, Pension Plans	\$
F.	Life Insurance Death Benefits	\$
G.	Partnership or Businesses	\$
H.	Automobiles (value)	\$
I.	Misc. Assets of value over \$10,000	\$
	Total:	\$
J.	Real Estate (provide attorney with copy of all deeds and copy of tax bill):	
1.	Address: _____ _____	
	Date acquired: _____	
	Cost basis: _____	
	Estimate present market value: _____	
	Improvements: _____	
	Manner of vesting: _____	
	Character of property: _____ Community property _____ Joint Tenants _____ Separate property	
2.	Address: _____	

\_\_\_\_\_  
Date acquired: \_\_\_\_\_  
Cost basis: \_\_\_\_\_  
Estimate present market value: \_\_\_\_\_  
Improvements: \_\_\_\_\_  
Manner of vesting: \_\_\_\_\_  
Character of property: \_\_\_\_\_ Community property \_\_\_\_\_ Joint Tenants  
\_\_\_\_\_ Separate property

3. Address: \_\_\_\_\_

\_\_\_\_\_  
Date acquired: \_\_\_\_\_  
Cost basis: \_\_\_\_\_  
Estimate present market value: \_\_\_\_\_  
Improvements: \_\_\_\_\_  
Manner of vesting: \_\_\_\_\_  
Character of property: \_\_\_\_\_ Community property \_\_\_\_\_ Joint Tenants  
\_\_\_\_\_ Separate property

K. Bank, Savings and Credit Union Accounts:

- ( ) Checking Account (approximate amount) \$  
Bank, Branch and Account No.
- ( ) Checking Account (approximate amount) \$  
Bank, Branch and Account No.
- ( ) Savings Account (approximate amount) \$  
Bank, Branch and Account No.
- ( ) Savings Account (approximate amount) \$  
Bank, Branch and Account No.
- ( ) Savings Account (approximate amount) \$  
Bank, Branch and Account No.

L. Money in Money Market Accounts and/or Similar Accounts:

- ( ) Brokerage Firm, Branch and Account No.

- Approximate amount \$
- ( ) Brokerage Firm, Branch and Account No.  
 Approximate amount \$
- ( ) Brokerage Firm, Branch and Account No.  
 Approximate amount \$

M. Securities - Stocks/Bonds

Company name:  
 Number of shares:  
 Type of stocks or bonds:  
 Estimated present value:  
 Manner of vesting:

N. Insurance:

Company name:  
 Address of company:

Policy number:

Type of insurance:

Face value:

Loans outstanding:

Name of insured:

Primary beneficiary:

Secondary beneficiary:

Method of ownership:

Long term care: Insurance? \_\_\_\_ Yes \_\_\_\_ No

O. Pension and Retirement Benefits, KEOGH's, IRA's:

Company name:

Address of company:

Nature of benefits: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

P. Valuable Personal Property:

Jewelry:

Furniture:

Collections (Art, Coins, Stamps, etc.):

Q. Business Interest:

Corporation:

S Corporation:

Partnership (General/Limited):

Sole Proprietorship:

Minority Interests:

R. Other Assets:

Beneficial interests in trusts:

Powers of appointment:

Expected inheritances:

Expected receipt of death benefits from Retirement Plan:

Expected gifts from parents:

Annuities:

Promissory Notes (secured/unsecured):

Copyrights/patents:

Mineral rights:

S. Outstanding debts and liabilities not described above:

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